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DERMOID CYSTS AND PREGNANCY.

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A DERMOID cyst is a rare complication in pregnancy. Out of two thousand two hundred and seventy-five ovariotomies in general collected by Olshausen only eighty were for dermoid cysts—3.5 per cent.

In Dsirne's¹ complete statistics of one hundred and thirty-five operations for ovarian tumors in pregnancy, there were ten for dermoid cysts. Homans has since reported an operation, and my own, about to be reported, is, as far as I know, the twelfth on record.

Schröder and Müller agree that dermoid cysts are the most dangerous ovarian tumors complicating the child-bearing period, but in the twelve recorded operations before labor there was not a single maternal death and there was but a single abortion in consequence of the operation. These figures argue eloquently for an early operation upon ovarian tumors complicating pregnancy.

The following extract from my case book shows how closely a pelvic tumor with intrauterine pregnancy may resemble in its clinical aspects extrauterine pregnancy:

Monday, April 22d: Mrs. K.; married five years; one child four years ago; miscarriage at two months ten months ago, convalescence normal.

Sickness returned in four weeks, natural, lasts five to six days, not very profuse. Had for eight months succeeding the miscarriage slight pain or soreness in left groin from time to time; otherwise in good health. Last normal sickness February 22d, five to six days; quantity of flow about as usual.

¹ Archiv für Gynäkologie xlii., p. 415.



Had at the time a bad cold. During March pain in left groin, gradually increased; there were intervals, however, free from pain.

No trace of sickness that should have appeared about March 22d, except a mucous discharge.

Three weeks ago went on a journey, part of which was rough driving. Caught a heavy cold, and on every attack of coughing or sneezing felt sharp pain in the left groin. The pain has been getting steadily worse, although the cold soon passed away. A week ago had such a violent attack during a walk that she was entirely disabled and sank to the ground.

Has had since then as severe attacks while confined to her room, especially after a bowel movement or urination.

Last Thursday a discharge of small quantity of dark blood with a small clot. Yesterday severe pain with discharges of more blood.

Examination.—Large cystic tumor reaching half-way to umbilicus and mainly on left side of abdomen, filling Douglas' pouch and pushing the womb close against the symphysis. Not so sensitive nor so adherent as one would expect from an extra-uterine pregnancy, but perfectly possible to be so; perhaps an adherent inflamed ovarian cyst; possibly a retroverted womb, twisted on the cervix, adherent and pregnant.

Clinical diagnosis.—Extrauterine pregnancy (?); ovarian cyst and intrauterine pregnancy (?); retroflexed, fixed, pregnant uterus (?).

Operation.—Dermoid cyst on left side, size of cocoanut, with two large bunches of hair in it. One twist of the pedicle. Intrauterine pregnancy. Afebrile convalescence; pregnancy uninterrupted.

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